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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*** *mc*  
 This application is a CIP of 10/317,188 12/12/2002 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *mc*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **\*\* SMALL ENTITY \*\***  
**\*\* 02/26/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	15	20	3
Examiner's Signature _____ Initials _____					

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**TITLE**

Writing pad for cellphone

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